

Employee Complaint Form

No manager, supervisor, or employee shall consciously or by overt act deprive any person of any rights to which such person is entitled under any State, Federal, or local law, ordinance, rule or policy of the Metropolitan Government. Although employees are encouraged to try to settle problems on an informal basis, any employee may submit a complaint to his/her supervisor. The supervisor shall try, in a timely manner, to remedy any actual or perceived problem without the necessity of additional formal procedures. If employees are not satisfied with the outcome, the complaint may be summarized on this form and presented to the employee's Departmental Human Resources Coordinator.

This form is to be completed by an employee and used to address general complaints. Department HR Coordinators shall review this form and ensure that the employee's complaint(s) is addressed through the proper procedures in accordance to the Civil Service Rules and Policies.

Name (Print)	
	Additional Phone:
Briefly state your complaint.	

2. Briefly state the facts related to your complaint. (Dates, situation, individuals involved etc.)		
3. What remedy a	re you seeking?	
	all documentation gathered thro	
(insert date)	·	(supervisor's name and title)
(Employee Signature)		(Date)
FOR DEPARTME	ENT H/R COORDINATOR USE	ONLY:
(insert date) Writte	n complaint received by the Dep n ten (10) calendar days of initial discus	partmental H/R Coordinator sion with Supervisor
	(Dept. H/R Coordinat	tor's Signature)
(insert date)	ıltation with the Human Resourd	ces Department by the Departmental H/R Coordinator
	(Human Resources E	Employee Name)

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